PTO/SB/US (05-03)
Approved for use through 4/30/2003, CMB 9651-0002
U.S. Pethod and Trademark Other, U.S. DEPARTMENT OF COMMERCE

PATE	NT APPLI	CATION	FEE DET		IN REC	ORD	romation en	Applic	tops a valid Old attor or Doctor (P P 7	Cumber	5
									4817	5.75	J
CLAIMS AS FILED - PART (Column 2)						SMALL ENTITY			OTHER THAN SMALL ENTITY		
FOR			NUM	NUMBER EXTRA				7	Ţ		┸
BASIC FEE (DY OFR LIB(N)) TOTAL CLADUS	COR LIBERT					RATE	FEE		RATE	FER	40
DOSPENDENT CLASES	118	estrus 20	9	10	11.5			OR	X S		┨、
(07 CFR 1.15(b)) 3 cataca 20 = -		<u></u>	X 2			OR.	×.	 	し		
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.10(d))								106		 	小
* Etter difference to column 1 is issue then zono, enter "O" in column 2.					77	ITAL	35		TOTAL	 	1
CLA	UMS AS AM	ENDED -	PART II		, .	,				L	1
					ć						1
FIL GATTALET DI	(Column 1)	10000000	(Column 2)	(Column 3)	<u>· s</u>	MALLE	YIIIN	OR .		R THAN ENTITY	
	REMADING AFTER MENDMENT		HIGHEST HIMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	~	VIE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	1
Ul monrited	18	Minus .	20	0	× s_	Ź.	<u> </u>	/or	11/8.	FEE	1
Charried .	3	Minus	- 3	.0	×sy	13.		OR OR	. 86		1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM GIT CFR 1.19(0)							1	OR		/	1
,			,/		TOTA		/		TOTAL	/	1
~	(Cotumn 1)	10	-4 -	05	ADDI	PEE [/	OR	ADD'L FEE		Į
	CLAIMS		(Column 2)	(Cotumn 3)	_		[i	. /]
	REMAINING AFTER MENDMENT		MUNITIER REVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
Total Total Gran used Independent Independent	17	Minus **	20	· h	X 8_	1	, 66,	∕ OR	** •	FEE)	
Chacus (TRMI)		Minus **	3	4	× 5_			OR	X 3	/	
FORT PRESENTATION OF MULTIPLE DEPENDENT CLAIM (A7 CFR 1.18(4))							/	OR ·		$\overline{}$	
11-10-	~	,			TOTAL		\dashv		TOTAL		
	Cotumn 1)		M	10 ab as = ==	ADOL	ret [OR	ADD'L FEE		
· MARKETON IN	CLAIMS		(Codumn 2) HIGHEST I	(Cotumn 3)	_			•			
	ENANING AFTER IENDNEHT	H	NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
Ct. ct.st ratio	10	Minus **	20	•	x s_	•		_ 1	** •	FEE	
CE CER 1.16(2)		Minus ***	2	•	X S	- -+	-/	OR		-/-	
PRIST PRESENTATION OF MAILTIPLE DEPENDENT CLAIM (37 OFR 1.10(0))						- :†	$\neq \dashv$	OR	**	/	
					TOTAL	-	/	OR [+ S - TOTAL		
* If the entry in column	n 1 to less than	Oso entry in c	olumn 2. write	"O" in column 3.	ADDIL	** L		OR	ADDIFEE [
" I the Wiches! Month	oer Provincesty P oer Poodrausty P	THE FOR IN T	HES SPACE IS WIR COACE IS	toss than 20, ea	ter '20".					[
The Highest Numbe	Previously Pa	4 For (Total	or independen	wen a, em 20 is the histori	rr∵g. Gumhar fo	and in the		 		1	

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The Tognest Number Psychology Pads For (Total or Independent) is the registed from the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a barneti by the public which is to the (and by the USPTO to process) an application. Confidentiately is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and authoriting the completed application form to the USPTO. Time will very depending upon the includual cases. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.

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